



# Metro Plastics Technologies

## ISO 9001:2015 Audit Report

Address for Main Site from the Work Order	17145 Metro Park Court, Noblesville, IN 46060
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Client Web Site	<a href="https://metroplastics.com/">https://metroplastics.com/</a>

Client's NQA ID Number	14446
Audit Number	221163
Audit Type	Surveillance
Date of Opening Meeting:	7/24/23
Date of Closing Meeting:	7/25/23
Audit Duration in Days	2
Remote Audit Days, if any	N/A
NQA Audit Team Lead	Cheryl Pikus
NQA Audit Team (if applicable)	N/A
NQA CSR	Leslie Palmer

NQA Office: NQA USA, 289 Great Rd. Suite 105, Acton, MA 01720

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**Executive Summary**

Metro Plastics manufactures plastic components for various industries. They have several machines including regrind line to support plastics. There were several management changes with the retirement of the President and family members. New President, new Vice-President, and management of quality system activities. The new team is working hard to improve the sales and customer and employee opinions. There have been a focus on hiring and training to support the current sales with new orders. Several examples of continual improvement were discussed focused on training and improvement of several KPI relating to scrap and PM. The quality management system has been given new focus as evidenced by the results of the internal and external audits. There was one minor nonconformance issued regarding the risk analysis. The previous corrective action was effectively verified and closed. The ARB (audit review board) conducts management reviews annually with monthly meetings to discuss corrective actions and other quality system activities. The internal audits have been effectively completed per the schedule with actions taken. There were no formal corrective actions based on the ARB reviews. The quality management system demonstrated effectively meeting expected outcomes for ISO9001: 2015

**Changes to the Client's Information, if any:**

Reduced number of employees prior to audit. Days reduced by .5 and work order updated. Chuck Forrestal is now President of Metro Plastics, Scott Adams VP of Engineering, Christina Stenske is handling more of the Human Resource items and Falcia Knauer will be handling the ISO / Quality items.

**Client's Opportunities to expand Certification, if any:**

None

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Please contact your NQA CSR or go to: <https://www.nqa.com/en-us/clients/logos>

Please ensure you are using the latest revision of our logos and in accordance with the NQA Use of Logos, Marks and Certificates Publication

The currently approved designs can be downloaded from our website

**DISCLAIMER: This audit was conducted based on a sampling process of the available information.**

If there are inaccuracies, errors or questions regarding this report or the audit finding(s), please contact your CSR at the NQA Office in Acton MA at 800-649-5289



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Lead Auditor Conclusion for This Audit					
Quantity of Major CARs issued	0	Quantity of Minor CARs issued	1	Quantity of Observations issued	3
The client is recommended for Certification/Continued Certification (Stage 2 Initial Registration/Reassessment) See the CLIENT RESPONSIBILITY FOR PROCESSING CORRECTIVE ACTIONS below, if any					X
The client is not recommended for Certification/Continued Certification (Stage 2 Initial Registration/Reassessment) pending approval of the NQA office. See the CLIENT RESPONSIBILITY FOR PROCESSING CORRECTIVE ACTIONS					
<b>The Lead Auditor has concluded the results of this audit to be Unsatisfactory and recommends the following:</b>					
A Second Stage 2 Initial Registration Audit is recommended					
A Special Visit is recommended to review the effective implementation and closure of the Corrective Action Reports issued.					
The certificate is recommended to be Suspended or Withdrawn					
<b>CLIENT RESPONSIBILITY FOR PROCESSING CORRECTIVE ACTIONS</b>					
<b>Client responsibility for each MINOR Corrective Action Report</b>					
<b>Minor Non-conformity relates to:</b>					
<ul style="list-style-type: none"> <li>• A non-fulfillment of a requirement not likely to result in the failure of the management system or reduce its ability to assure controlled processes or compliant products/services</li> <li>• A single system failure or lapse in conformance with the applied standard or customer requirement</li> <li>• A single system failure or lapse in conformance with a procedure associated with the organization's management system</li> <li>• A Corrective Action Plan must be: <ul style="list-style-type: none"> <li>• Submitted to <a href="mailto:ncr@nqa-usa.com">ncr@nqa-usa.com</a> within <b>30 calendar days</b> of the Date of Closing Meeting listed on page 1 of this report.</li> <li>• The plan must include a description of the Immediate Correction taken to resolve the Nonconforming situation. Please include/attach objective evidence for the correction as appropriate or requested by the Lead Auditor.</li> <li>• Root Cause Analysis describing how / why the non-conforming situation happened, please do not repeat the Statement of the Nonconformance form the CAR form.</li> <li>• A description of the Corrective Action(s) taken to eliminate the Root Cause(s) to prevent recurrence.</li> </ul> </li> </ul>					
<b>Client responsibility for each MAJOR Corrective Action Report</b>					
<b>MAJOR Non-conformity relates to:</b>					
<ul style="list-style-type: none"> <li>• A failure to fulfill one or more requirements of the management system standard</li> <li>• A situation that raises significant doubt about the ability of the management system to achieve its intended outputs.</li> <li>• In most cases this relates to an absence of a required process/procedure or a number of minor non-conformities listed against the same clause or sub-clause of the appropriate standard which represents a total breakdown of a procedure and thus could be collectively a major non-conformity.</li> <li>• A Corrective Action Plan must be: <ul style="list-style-type: none"> <li>• Submitted to <a href="mailto:ncr@nqa-usa.com">ncr@nqa-usa.com</a> within <b>30 calendar days</b> of the Date of Closing Meeting listed on page 1 of this report followed by evidence demonstrating the implementation of the proposed actions within <b>90 calendar days</b>.</li> <li>• The plan must include a description of the Immediate Correction taken to resolve the Nonconforming situation. Please include/attach objective evidence for the correction as appropriate or requested by the Lead Auditor.</li> </ul> </li> </ul>					



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- Root Cause Analysis describing how / why the non-conforming situation happened, please do not repeat the Statement of the Nonconformance form the CAR form.
- A description of the Corrective Action(s) taken to eliminate the Root Cause(s) to prevent recurrence.

**After approval of the Corrective Action Plan by NQA:**

- **Verify** effectiveness of corrective actions taken prior to the next NQA audit.
- The NQA Auditor will verify **your** verification of effectiveness of corrective actions taken during the next scheduled activity

**Client responsibility for a SPECIAL VISIT**

For every **MAJOR** Corrective Action Report issued, a corrective action plan must be submitted to [ncr@nqa-usa.com](mailto:ncr@nqa-usa.com) within **30 calendar days** followed by evidence demonstrating the implementation of the proposed actions within **90 calendar days**. If a **SPECIAL VISIT** is required, please agree on a date for the special visit with the auditor. When required, the Special Visit is held to demonstrate implementation of Corrective Action.

For all Corrective Action Reports issued **verify** effectiveness of corrective actions taken prior to the next NQA audit. The NQA Auditor will verify **your** verification of effectiveness of corrective actions taken during the next scheduled activity.

**Trend Analysis**

**Lead Auditor conclusion regarding CAR trends**

Describe any trends of CARs for this certificate for the past 3-years.

Provide a recommended plan of action for NQA to monitor the trend (Move to 6-month Audit Cycle, add time to future audits, etc.)

An OFI was issued regarding the recent new monthly part review meetings. They are discussing the customer complaints as part of the meeting. There has been an improvement in corrective action responses and reduced incidents.

**Lead Auditor conclusion regarding trends in negative Process Performance Measures**

Describe any negative trends of Process Performance Measures for this certificate for the past 3-years.

Provide a brief description of the client's actions to remedy the trend

Improvement of several KPI have been shown over the past year with the new management team.

**Additional Audit Time for Next Audit to Verify Effectiveness of Corrective Actions taken:**

Does the Lead Auditor recommend additional audit time to be added to the next Audit for Verification of Effectiveness of CARs issued? Subject to approval by NQA Office.

**Additional Time recommended?**

NO

X

YES

**NQA Audit Objectives as stated on the Work Order**

Have the NQA **Audit Objectives** as stated on the Work Order been fulfilled?

YES

X

NO

If no, describe which NQA Audit Objectives have not been met and why



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## Corrective Action Report

### PART 1 To Be Completed by the NQA Auditor

Auditor's Name	Cheryl Pikus	Site	Noblesville, IN	CAR No.	2023-SA-CP1
Standard	ISO9001: 2015	Clause	6.1.1	Criticality (Major / Minor)	minor
Statement of Nonconformity				Date Issued	7/25/23

Stated Requirement:

**6.1 Actions to address risks and opportunities**

**6.1.1** When planning for the quality management system, the organization shall consider the issues referred to in 4.1 and the requirements referred to in 4.2 and determine the risks and opportunities that need to be addressed to:

a) give assurance that the quality management system can achieve its intended result(s);

b) enhance desirable effects;

c) prevent, or reduce, undesired effects;

d) achieve improvement.

Nonconformance Statement: Risks that are identified on QI-005 interested parties matrix based on needs and expectations are not listed on QI-004 per procedure QEP-610. The process risks and internal and external issue risks are included.

### PART 2 To Be Completed by the Organization within 30 calendar days

Please complete this section and submit to NQA, USA to this email address [ncr@nqa-usa.com](mailto:ncr@nqa-usa.com)

Immediate Correction (what did you do to resolve the Nonconforming situation) Please include/attach objective evidence for the correction as appropriate	Completion date:
Attached are the finalized and updated requirements for QI-004. We integrated the QI-005 with the communication matrix and interested parties. This since has been eliminated and is now consistent with the organization's Context.	8/23/2023

### Root Cause Analysis ('how/why did this happen?')

Due to a lack of clarity regarding the Interested parties, I eliminated the requirement for the QI-004 matrix and implemented the QI-005 and QI-008 matrix structures as our communication matrix with interested parties. Since then, I've examined the ISO 9001-2015 procedure to gain a thorough comprehension of Content of the Organization and have created the Interested Parties on a separate Matrix to align with the ISO 4.0 expectations.

Corrective Action(s) (actions taken to eliminate the Root Cause(s) to prevent recurrence)	Planned completion date:
The document has been added to the Master List and revised on Metro's intranet.	8/23/2023

Organization's Representative	<i>Christina Spenske</i>	Date of signature:	8/23/23.
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**PART 3 Verification of Effectiveness to be Completed by Organization before next NQA Audit**  
 To be completed by the Organization on the Organization's Form  
 Please document the Actions Taken to Verify the Effectiveness of the Corrective Actions Taken on your form and have available for the NQA auditor at the next audit or as may be requested by NQA.



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**Observations – Areas of risk that could lead to a future nonconformity**

1	Process/Requirement at Risk	Document control
	Potential Nonconformity	It may be beneficial to review the record retention process that is listed in footers and also a quality records retention list that is a subset of documented information that is retained.

2	Process/Requirement at Risk	Customer Complaints
	Potential Nonconformity	It may be beneficial to include a reference of customer complaints effectiveness and action items from the monthly part review meeting.

3	Process/Requirement at Risk	Customer related process engineering
	Potential Nonconformity	It may be beneficial to review the new corporate supports and how they are handled as outsourced providers.

**Closure of Corrective Action Reports from Previous Audit**  
 Closure of Concerns from Stage 1  
 (If there are CARS waiting for verification on the Work Order originating from other sites go to Central Office Addendum)

Previous CAR Status		C = If Closed; client verification accepted, enter an "X" or other mark IP = Client status remains In-Process and Waiting for Verification enter an "X" or other mark If you Escalate a CAR enter the New CAR Number			
CAR No.	Date Issued	Describe Your Evidence of Verification of Effectiveness of actions taken to close NQA Audit CAR.  If the CAR remains in-Process provide justification for leaving the CAR as In-Process.	CAR Status		
			Closed	In-Process	New CAR Number if Escalated
2022-SA-CP1	8/31/22	Reviewed the new calibration database created in Access. Sampled gages reviewed during the audit. No overdue gages. Records are maintained in the database for external certs in addition to pictures of the tags. Effectively verified.	x		



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<b>Scope of Registration</b>	
<b>Scope Of Registration:</b> Please enter the overall management system scope	Custom injection molding, excluding design
<b>Site Specific Processes that support the Scope of Registration:</b> Please enter this site's specific processes in support to the overall scope	Same as system scope
<b>Are the Scope Of Registration and the Scope of Site Activities still appropriate?</b> Please review client's certificate and allowed Excluded/Non-Applicable requirements for appropriateness of scope(s) listed. If either scope is no longer appropriate provide details	Client scope statement includes exclusion for post-delivery activities in addition to design in their QMS documented scope
<b>Changes to the Scope Of Registration and/or Scope of Site Activities</b>	
If the client requests a change provide evidence the change is appropriate	N/A
If this is a new process to be added, have you audited the new process / scope? Provide details in the appropriate Audit Record in the report.	
Enter the new scope wording <b>exactly</b> as the client wishes it to appear on the certificate.	
<b>Exclusions (Non Applicable requirements)</b>	
Please list the allowed Excluded/Non-Applicable requirements. For each Excluded/Non-Applicable, list <b>your</b> justification of why each Exclusion/Non Applicable is to be allowed	Design and post-delivery activities
Do any of these Exclusions cause a conflict with the Scope of Registration or the Scope of Site Activities listed on the certificate?	Only design listed on certificate
<b>Outsourced Processes</b>	
Please list the Outsourced Processes	Tool build, calibration, maintenance, NEW corporate supports
<b>Statutory/Regulatory Requirements</b>	
Please list the Statutory/Regulatory Requirements	none
<b>Use of Registration Marks and Logos, Certificates and Associated wording</b>	
Please provide a clear description of how the logos, marks, and / or certificates and wording associated with certification are used. If the logos, marks, and / or certificates and wording associated with certification are not being used, please say so. If the client is not abiding by the requirements of the "Use of Logos, Marks and Certificates" publication, please issue an Observation or CAR, as appropriate.	
Logo mark is attached on the email signature. OK.	
<b>Remote Audit Information Communication Technology (ICT) Conclusions</b> <b>To be completed if any portion of the audit was conducted using ICT</b>	
Please list the Remote Audit ICT methods used and comment on effectiveness of the ICT methods used	
N/A	



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The proposed date(s) of the next audit is:	Enter Start Date	Enter End Date	Auditor
	6/25/24	6/28/24	Cheryl Pikus
Scheduling Notes, if necessary			

Employees in Scope	Number of Employees	Seasonal	Part Time	Contractor	Temporary	Shift Hours	A Brief Description of Processes Performed on each shift (Do not enter the scope)
Office/Non Shift Workers	16					7:30-4:30pm	Support activities
Number on First Shift	39					6:00am-12:00 pm	production
Number on Second Shift	30					12:00 pm- 6:00 pm	Production
Number on Third Shift	18					6:00 pm – 12:00 am	Production
Additional Shifts (explain)	13					12:00 am – 6:00 am	4 <sup>th</sup> shift - production
Off Site (sales/ installers/etc.)							
Total Number Employees	116	Be sure to include the Seasonal, Part Time, Contractor and Temporary employees in the Number of Employees Column.					
How many shifts did you audit? If not all shifts please explain why not.					1-2-3 were covered. 4 <sup>th</sup> shift was covered at the last audit.		

Language of the Audit	
Please enter the Language(s) in which the audit was conducted.	English
If an interpreter is required for any portion of the audit please explain.	3 <sup>rd</sup> shift – Vietnamese to help one team member

Campus/Virtual Non-Sampling addresses audited during this activity	
Second Site Address	
Quantity of Employees at this Site as included in the total above	
Shift Hours	
Processes performed in support of the scope	(Should not be full Scope of Registration unless appropriate)
Third Site Address	
Quantity of Employees at this Site as included in the total above	
Shift Hours	
Processes performed in support of the scope	(Should not be full Scope of Registration unless appropriate)



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<b>AUDIT RECORD</b>	
The Audit Record provides the audit criteria and sufficient evidence to support the audit conclusions and evidence of achieving the audit objectives	
Process/audit area	Leadership
Personnel Interviewed	Mgmt team from opening meeting
<b>AUDIT EVIDENCE</b>	
Evidence must identify personnel audited, processes witnessed, documents reviewed, records audited, and other pertinent information to support your audit conclusion. The auditor must identify a minimum of one process record for each process audited during this activity.	
<p>(mgmt responsibility, examples of continual improvement, discuss process risks)</p> <p>Falicia – quality mgr c/I training improved for quality tech risk – training of quality tech</p> <p>Brandon – tool room c/I new EDM, new customer with new inserts process risk – managing tool insert changes with the amount increased. Supplying part to see with the changes</p> <p>Scott – VP Eng c/I – working with OEE data and input true scrap, tool storage space risk – space . evaluate regrind which to keep</p> <p>Doug – purchasing c/I increase supplier base for raw materials risk – need alt suppliers for stock availability</p> <p>Dustin – maint c/I added people for workload, implement 5S, reduce time for PM and screw pulls risk – getting new pople and cross trained</p> <p>Brian – production, product planning &amp; schedule c/I – 3 new presses, 3 new robots, PQ mgr – getting real time</p> <p>Risk – missing ship dates improved with capacity</p> <p>Christina – HR c/I using pathways for training, cert of liability electronic, working align new members hiring questions</p> <p>Risk – learning compliance requirments and working with NFI corporate</p> <p>Chuck – President c/I – needed to improve KPI and hired data analysis person such as forecast, sales prediction, downtime, culture change with owner change and started Jan 2023 and worked to rebuilt morale with culture club and launched core values and new match for 401K 3-100%. Sales team from NFI and working to launch campaigns for Metro</p> <p>Risk – hiring employees timely for production needs. Working to gain trust with current employees to get referrals and reaching out to schools.</p> <p>(mgmt review)</p>	

<b>AUDIT RECORD</b>	
The Audit Record provides the audit criteria and sufficient evidence to support the audit conclusions and evidence of achieving the audit objectives	
Process/audit area	QMS planning / monitoring
Personnel Interviewed	Christina, Chuck
<b>AUDIT EVIDENCE</b>	
Evidence must identify personnel audited, processes witnessed, documents reviewed, records audited, and other pertinent information to support your audit conclusion. The auditor must identify a minimum of one process record for each process audited during this activity.	
<p>(context, risk analysis, interested parties, internal/external issues)</p> <p>Reviewed QI-004B for the setup of the QMS, process definition, explanation of the ARB – audit review board</p> <p>Reviewed monitoring and measuring plan QI-006 to describe the metrics and the frequency</p> <p>Reviewed the annual ARB meeting to cover the management review activities in Feb 16 and 28, 2023.</p>	



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ARB team meetings monthly to review quality system activities in depth such as corrective actions and product nonconformances.

Reviewed interested parties – risks that are identified on QI-005 interested parties matrix are not listed on QI-004 per QEP-610 N/C

Quality objectives for 2023:  
 Avg utilization – goal 73%. Currently 68% by reducing downtime  
 Reduce defective ppm – goal reduce 20%. Working on better scrap identification  
 Increase operation profit by 20%. Working on operating expenses controlled

<b>AUDIT RECORD</b>	
The Audit Record provides the audit criteria and sufficient evidence to support the audit conclusions and evidence of achieving the audit objectives	
<b>Process/audit area</b>	Internal audits
<b>Personnel Interviewed</b>	Christina, Falcia
<b>AUDIT EVIDENCE</b>	
Evidence must identify personnel audited, processes witnessed, documents reviewed, records audited, and other pertinent information to support your audit conclusion. The auditor must identify a minimum of one process record for each process audited during this activity.	
<p>Q1-003 audit schedule. CAR – none requiring formal C/A, IP – improvement, invalid, finding – corrections like name changes and title changes.</p> <p>Reviewed schedule and sampled 4 audits:          43-Resources production support – 3 finding 2/23/22 – auditor Christina (HR). 1 Finding is still not complete. Still in discussion about toolroom green tags.          45-QMS planning / monitoring – 2 finding 4/27/22 – auditor AJ (w/h), Kenny (eng). Both closed. Corrections completed.          48-Customer related process (production) – 4 findings 1/20/23 auditor Laura (accounting), Christina (HR) 2 findings invalid by ARB, 2 closed. Corrections completed.          52-Customer related process (engineering) 2/12/23 auditor Christina (HR), Dustin (maint) – 3 corrections made.          Audits reviewed with pres, vp, HR, quality mgr, purchasing, and production mgr. with the ARB (audit review board).</p> <p>Auditor records –          Christina – active. QAI lead auditor 2020          Kenny – active. internal trained 2022.          AJ – passed and no longer active 2023 due to move to warehouse          Laura – internal trained 2022. No longer at the company          Dustin – active internal trained 2017.</p> <p>Discussion about records and retention times. Reviewed the quality records retention list.          It may be beneficial to review the record retention process that is listed in footers and also a quality records retention list that is a subset of documented information that is retained</p>	

<b>AUDIT RECORD</b>	
The Audit Record provides the audit criteria and sufficient evidence to support the audit conclusions and evidence of achieving the audit objectives	
<b>Process/audit area</b>	NC and C/A
<b>Personnel Interviewed</b>	Falcia



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**AUDIT EVIDENCE**

Evidence must identify personnel audited, processes witnessed, documents reviewed, records audited, and other pertinent information to support your audit conclusion. The auditor must identify a minimum of one process record for each process audited during this activity.

Reviewed the corrective action log from 2022. All have been closed.  
 DMR 13135 8/12/22 – Banjo customer complaint – dimension part #1069.008.013 CLOSED. – no evidence of effectiveness for DMR unless 8D completed.  
 DMR 13942 2/10/23 – Remco customer complaint – defect. CLOSED. - no evidence of effectiveness for DMR unless 8D completed.  
 DMR 14184 (8D 79) – Firestone customer complaint – missing feature CLOSED. 8D-79 completed  
 DMR 14413 – Allegion customer complaint – shorts CLOSED.  
 DMR 14516 – Banjo dimension 8D 81 CLOSED.

New monthly meeting started with Tooling engineer, engineering, process & mfg & mgr, and quality mgr – to review high problem parts that are referenced in the metrogram monthly newsletter. Just started.

OBS - It may be beneficial to include a reference of customer complaints effectiveness and action items from the monthly part review meeting

**AUDIT RECORD**

The Audit Record provides the audit criteria and sufficient evidence to support the audit conclusions and evidence of achieving the audit objectives

Process/audit area	Customer related process – production 2 <sup>nd</sup> shift, production 3 <sup>rd</sup> shift Injection molding
Personnel Interviewed	

**AUDIT EVIDENCE**

Evidence must identify personnel audited, processes witnessed, documents reviewed, records audited, and other pertinent information to support your audit conclusion. The auditor must identify a minimum of one process record for each process audited during this activity.

2<sup>nd</sup> shift production  
 Press 8- Mandeep

Press 29 - Kayla op 3612 2nd week

Cosmo #23 -Matt scrap buildup tagged op 3604  
 Press 23 part # 1060. 037.001 work order 1336137  
 report hourly scrap  
 Mold 60. 037  
 work instruction Rev 5  
 process setup sheet not completed for inspect OK was on the 2<sup>nd</sup> setup sheet.  
 observed visual checks and discussed defects  
 New Part still sampling-order  
 part Rev NOT A tank heat cover  
 Raw Material 029406  
 scale 6-23 to 6- 24 Record 120 Central scale  
 called Nina next press to check the defects. OK  
 Supervisor came to check -Logan



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Barrel 019 406 lot# BL 24038  
 running virgin called 01  
 press 29 Roadrunner  
 1<sup>st</sup> piece 6-29-23 Wo 1296124

Hold Tag  
 part 1015, 213,001 Schlage  
 Supervisor - Logan discussed 1<sup>st</sup> piece  
 observe cutting gate-Bagging 2 per bag  
 per instructions and pack in Box  
 WI 1015 213-01 Rev A  
 mold 15213  
 6-27-23 yellow thge adjusted gate at table  
 Red tag Bag on machine no 13340 7-11-23  
 tool room needs to do repairs once done  
 Mike - process tech #8  
 cut gates work order 1312530  
 trim gate cuts mold 69035  
 part 1069, 035.006  
 cutting towards with razar-OK discussed with superior 1<sup>st</sup> part Accepted 7-10-23  
 Sample at table No label only white Marks  
 observe weigh on scale  
 192 6-23 to 6-24 Central Scale  
 packing instructions reviewed.

3rd shift production  
 Ky-operator -21  
 Guech - operator -13  
 machine 21  
 Part 1015,214001 WO 1334754 entered zero scrap  
 we signed and 1<sup>st</sup> piece at worktable  
 examples on table  
 discussed green tag  
 010197 tag on dryer ok  
 machine 13  
 part 1015, 127.001 No 1341552 verified by has 2000 puts when measure 500 attire 3 bags in box 7-21-23 1<sup>st</sup> piece,  
 Material 010048 ok  
 observed part checks visual and check with  
 device for clear in ID

**AUDIT RECORD**

The Audit Record provides the audit criteria and sufficient evidence to support the audit conclusions and evidence of achieving the audit objectives

Process/audit area	Customer related process engineering
Personnel Interviewed	Scott, Falcia, John

**AUDIT EVIDENCE**

Evidence must identify personnel audited, processes witnessed, documents reviewed, records audited, and other pertinent information to support your audit conclusion. The auditor must identify a minimum of one process record for each process audited during this activity.

(Sales and customer requirements)



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Corporate team gets leads and sends lead to Engineering  
 OBS – Corporate is not outsourced.  
 Email with RFQ. Look up part 60-037  
 Quote customer part 49727 quote # 124340-1  
 Reviewed the cost calculation spreadsheet  
 Schlage email 15-213  
 Quote 112790 customer B489 rev C  
 Customer requirements set up on Z drive by mold number. Kept with engineering records.  
 Quality stores PPAP records on L drive  
 Review customer requirements part 69.015  
 Open engineering change order and modify templates and make active.  
 Moves through the approvals and final approval goes to eng dir

Customer quality manual – Monach QE-0001 Rev 1 . External document on J drive  
 Drawings on the Z drive part 2D\_3D folder under mold number. Additional specs on the folders  
 Statutory and regulatory requirements managed in the quality J drive such as conflict minerals and ROHS.

<b>AUDIT RECORD</b>	
The Audit Record provides the audit criteria and sufficient evidence to support the audit conclusions and evidence of achieving the audit objectives	
<b>Process/audit area</b>	Monitoring & measuring equipment
<b>Personnel Interviewed</b>	Falcia
<b>AUDIT EVIDENCE</b>	
Evidence must identify personnel audited, processes witnessed, documents reviewed, records audited, and other pertinent information to support your audit conclusion. The auditor must identify a minimum of one process record for each process audited during this activity.	
<p>Reviewed the records for scale 192 6/2/23          Reviewed the record for weights 501 7/1/22 completed          Reviewed the weights 622 7/17/23 completed          Moisture gage 643 completed 8/1/22</p> <p>New system established since last year with all of the calibrated equipment          No overdue gages          Reviewed the gage list.</p> <p>Traceability tracked with the records that only a valid gage can be used.          One gage found that failed. No product affected.</p> <p>Ovens used for the Firestone assembly. PM temperatures check performed on the oven #3.</p> <p>Certificates are attached.          Previous CAR 58 reviewed. Effectively closed.</p>	

<b>AUDIT RECORD</b>	
The Audit Record provides the audit criteria and sufficient evidence to support the audit conclusions and evidence of achieving the audit objectives	
<b>Process/audit area</b>	Customer related process – production



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	Assembly
Personnel Interviewed	Kelly, Alicia, Dejah, Falcia
<b>AUDIT EVIDENCE</b>	
Evidence must identify personnel audited, processes witnessed, documents reviewed, records audited, and other pertinent information to support your audit conclusion. The auditor must identify a minimum of one process record for each process audited during this activity.	
<p>Kelly -supervisor  Daija-operator 3588  Alias-° part 3040  Furnace load 6025 06 - 12  open 06  closed 12  load closed on image prints M-2063-6025  discuss defects - contamination -warping  count scrap- report at end of shift  040077 work order 1323865  customer ovens -no verification of temp. working to develop process with new oven.  1054. 20  load welder open and closed  run  Weld plate 4.0  trim and place and observe close box  only change plates  WI 54 -020-030-5000-Water Test  Rev A  pull test 25 3-23 to 3-24  observe complete layer of parts produced  Welder Extol model 1015 rapid conductor</p>	

<b>AUDIT RECORD</b>	
The Audit Record provides the audit criteria and sufficient evidence to support the audit conclusions and evidence of achieving the audit objectives	
Process/audit area	Resource production support (maintenance)
Personnel Interviewed	Dustin, Kenny
<b>AUDIT EVIDENCE</b>	
Evidence must identify personnel audited, processes witnessed, documents reviewed, records audited, and other pertinent information to support your audit conclusion. The auditor must identify a minimum of one process record for each process audited during this activity.	
<p>Review #29 roadrunner machine – completed PM 1/16/23. Addt work completed by tool room  Review #8 – completed PM 4/5/23 no issues  Firestone – new welder Kenny. No data on welder criteria for calibration and PM.  Review #31 new press – new PM due for annual 30 days before the due date. Currently at 307 days  Ovens – verified temps in assembly. Completed on Firestone #3 oven newest and completed the verification, but no records were completed.</p> <p>PM scheduled for 1 year from now for ovens.</p> <p>Air compressors – Ingersoll Rand completes record. Quarterly records  Owners of the building – handle facilities</p>	



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HVAC – service handles the PM – Choice  
Forktrucks owned and handled by outside for PM  
Cranes are serviced Brehob for annual. 3/14/23 completed.

Regrind machines. extruder machine managed by department, but it is not in use.

Toolroom handles the molds

Focus 73% utilization to complete PM in one day.



<b>Client Name</b>	Metro Plastics Technologies	<b>Audit Number</b>	221163
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<b>Client Name</b>	<b>Metro Plastics Technologies</b>	<b>Client ID Number</b>	<b>14446</b>							
<b>ISO 9001 Matrix of the Management System Audit Program</b>										
<ul style="list-style-type: none"> <li>This Matrix is to be initiated at Contract Review by the CTO</li> <li>The Matrix is to be updated by the Lead Auditor when there are changes to the processes, scope of registration or regulatory requirements. This includes where a process of the program cannot be completed at a given visit.</li> <li>Annual audits are to be included in the program with a clear indication as to the processes intended to be sampled.</li> <li>The program will be adjusted based on level of Management System effectiveness (as may be indicated by defect levels, KPIs, etc.), previous audit results, and complaints received against this client.</li> <li>For clients with a 6-month cycle use the Matrix of Management System Audit Program for 6-month cycle included listed below as an Addendum.</li> </ul>						<b>Reassessment or Stage 2</b>	<b>Surveillance 1</b>	<b>Surveillance 2</b>	<b>Reassessment</b>	
<b>Visit Due Date (Year Only)</b>						2021	2022	2023	2024	
<b>Management Processes are to be audited annually</b>						<b>Enter an "X" or other mark in each process to be Audited</b>				
Changes to the Management System and Organization						X	X	X	X	
Understanding the Organization and Its Context						X	X	X	X	
Leadership						X	X	X	X	
Use of Marks / Logos / Certification Wording						X	X	X	X	
Internal Audits **3 year look back at Reassessment						X	X	X	X	
Management Review **3 year look back at Reassessment						X	X	X	X	
Objectives						X	X	X	X	
Complaints and Customer Feedback						X	X	X	X	
Continual Improvement / Corrective Action / Previous NQA CARs						X	X	X	X	
On-Going 3-year look at NQA CAR trends for this certificate						X	X	X	X	
<b>To be scheduled during Surveillance 1 or Surveillance 2 and during Reassessment</b>										
Competence / Awareness						X	X		X	
Work Environment, Infrastructure						X		X	X	
Documented Information, Control of Documents and Control of Records						X	X		X	
Design and Development						X	-	-	X	
Sales, customer requirements						X		X	X	
Purchasing, supplier controls, outsourced process controls						X	X		X	
Monitoring and Measuring Equipment						X		X	X	
Control of Nonconforming Product / Outputs from Processes						X	X		X	
Release of Products / Services						X	X	X	X	
<b>Key Processes including outsourced Key Processes that directly represent processes offered in the Scope of Registration / Facility Scope</b>										
<b>Please do not repeat processes listed above unless it is a product or service offered in the scope</b>										
Customer Related Processes (Production) = injection molding						X	X	X	X	
Customer Related Processes (Production) = Support (Assembly)						X		X	X	
Customer Related Processes (Production) = Support (Extruder – pelletize for regrind)						X	X		X	
<b>Off Shifts to be Audited (if applicable) (off shifts to be audited minimum of 1 each per cycle)</b>										
Second Shift						X		X	X	
Third Shift						X		X	X	
Other Shifts (explain in the report) – Fourth Shift							X		X	
<b>Client Locations to be visited (if applicable) (Specify)</b>										
N/A										
<b>Off Site Processes for review at Site Visits (if applicable)</b>										
N/A										